

Summary of Benefits Report for Washington, CHIP

InsureKidsNow.gov

Preventive Services

| | Is the service Covered? | Frequency | List any service - specific limitations |
|---|-------------------------|-------------------|--|
| Cleanings | Yes | 1 x 6 months | For ages 18 and younger. Twelve months for 19 and older Clients of Developmental Disabilities Administration - once every 4 months. |
| Fluoride treatments (including fluoride varnishes) | Yes | 1 x 6 months | Clients of Developmental Disabilities Administration, clients under the age of 6, and clients 7 - 20 receiving orthodontic treatment - once every 4 months |
| Sealants (list any tooth-specific limits) | Yes | 1 x every 3 years | For occlusal surfaces of permanent teeth 2, 3, 14, 15, 18, 19, 30, 31 and primary teeth A, B, I, J, K, L, S, and T Once per tooth: - in a 3-year period for clients 20 and younger. - in a 2-year period for people of any age who are clients of the Developmental Disabilities Administration |
| Space maintainers | Yes | 1 x lifetime | Replacement requires PA One fixed unilateral space maintainer per quadrant or one fixed bilateral space maintainer per arch, for missing primary molars A, B, I, J, K, L, S, and T |

Diagnostic Services

| | Is the service Covered? | Frequency | List any service - specific limitations | Recommended age of first visit ? |
|--|-------------------------|--------------|---|---|
| Oral health screening or assessment | Yes | 2 x year | Two times per client, per provider in a 12-month period as follows: - When not performed in conjunction with other clinical oral evaluation services. - When performed by a licensed dentist or dental hygienist to determine the need for sealants, fluoride treatment, or when triage services are provided in settings other than dental offices or dental clinics | |
| Dental examinations | Yes | 1 x 6 months | Clients of Developmental Disabilities Administration - once every 4 months. | First Birthday, or first tooth eruption. Whichever comes first |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Recommended age of first visit ? |
|------------------------------------|-------------------------|-----------|---|----------------------------------|
| Assessment of risk for tooth decay | Yes | 2 x year | Two times per client, per provider in a 12-month period as follows: - When not performed in conjunction with other clinical oral evaluation services. - When performed by a licensed dentist or dental hygienist to determine the need for sealants, fluoride treatment, or when triage services are provided in settings other than dental offices or dental clinics | |

X-Rays

| | | | | |
|------------|-----|-------------------|---|--|
| Bitewing | Yes | 1 x year | | |
| Full Mouth | Yes | 1 x every 3 years | Only if a panoramic xray (radiograph) for the same client in the same 3-year period. | |
| Panoramic | Yes | 1 x every 3 years | Only if an intraoral complete series for the same client in the same 3-year period. Preoperative and postoperative panoramic x-rays (radiographs), one per surgery without prior authorization | |

Treatment Services

| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
|--|-------------------------|-----------|--|-----------------------|
| Anti-microbial treatments that stop decay from spreading | Yes | | When used for stopping the progression of caries or as a topical preventive agent Two times per client, per tooth, in a 12-month period | |

Fillings

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| Treatment Services | | | | |
|---|-------------------------------------|-----------|--|-----------------------|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Silver amalgam | Yes | | Replacement restorations between 6 and 24 months of original placement with approved prior authorization if the restoration is cracked or broken | |
| Tooth colored composite | Yes | | Replacement restorations between 6 and 24 months of original placement with approved prior authorization if the restoration is cracked or broken | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | Once every 2 years for permanent posterior teeth, excluding 1, 16, 17 and 32. | |
| Metal (only) crowns | No | | | |
| Metal/porcelain crowns | Yes - only with prior authorization | | age 15 and older, permanent teeth, not covered for posterior teeth | |
| Porcelain (only) crowns | Yes - only with prior authorization | | age 15 and older, permanent teeth, not covered for posterior teeth | |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | | |
| Root canals on permanent teeth | Yes | | | |
| Gum (periodontal) therapy | Yes - only with prior authorization | | D4346 does not require PA | |
| Dentures | | | | |

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|---|-------------------------------------|-----------|--|-----------------------|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Partial dentures | Yes - only with prior authorization | | For a maxillary partial denture, the client has either of the following: One or more missing anterior teeth. Four or more missing posterior teeth (excluding teeth 1, 2, 15, and 16) on the upper arch. o For a mandibular partial denture, the client has either of the following: One or more missing anterior teeth. Four or more missing posterior teeth (excluding teeth 17, 18, 31, and 32) on the lower arch. | |
| Complete dentures | Yes | | One initial maxillary complete denture and one initial mandibular complete denture per client, no PA One replacement maxillary complete and one replacement mandibular complete denture per client's lifetime, if medically necessary and a minimum of 5 years has elapsed. Requires PA. | |
| Bridges | No | | | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | Yes - only with prior authorization | | | |
| Braces | Yes - only with prior authorization | | | |
| Oral surgery | | | | |
| Simple extractions | Yes | | | |
| Surgical extractions | Yes | | | |
| Care of abscesses | Yes | | | |
| Cleft palate treatment | Yes | | | |
| Cancer treatment | Yes | | | |
| Treatment of fractures | Yes | | | |
| Biopsies | Yes | | | |
| Treatment of jaw joint problems (TMJ) | No | | | |
| Emergency room services provided by a dentist | Yes | | | |

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|------------------------------------|-------------------------------------|-----------|---|-----------------------|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Inpatient Hospital Services | Yes - only with prior authorization | | | |
| Anesthesia | | | | |
| General anesthesia | Yes - only with prior authorization | | no PA age 8 and younger and all ages for DDA clients No PA for 9 and older for oral surgery services | |
| Intravenous conscious sedation | Yes - only with prior authorization | | no PA age 8 and younger and all ages for DDA clients No PA for 9 and older for oral surgery services | |
| Non-intravenous conscious sedation | Yes | | | |
| Analgesia (nitrous oxide) | Yes | | | |

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).